

OFFICE USE

Initial Application Date _____

Application Completed _____

C.C. By _____

D.E. By _____

Application/Permit # _____

CITY OF ASHEVILLE SINGLE FAMILY PERMIT APPLICATION

DEVELOPMENT SERVICES CENTER 161 S. CHARLOTTE ST. ROOM A101 PO BOX 7148 ASHEVILLE, NC 28802

(828) 259-5656 WWW.ASHEVILLENC.GOV

PLEASE PRINT CLEARLY AND CHECK CORRESPONDING BOXES FOR EACH PERMIT FOR THIS PROJECT.

PROJECT LOCATION

Number _____ Direction _____ Street Name _____

Lot # _____ PIN# _____ Area of Town (circle) N S Central E WNew Owner ☐ YES ☐ NO

Property Owner _____ Mailing Address _____

City _____ State _____ Zip _____ Phone# _____

BUILDING PERMIT ☐ (3 sets of construction plans including survey or site plan in each set)**Project Information (circle):**New Addition Remodel Repairs Reroof Moving Housing Code Report RepairsDemolition ☐ Interior ☐ Entire Building ☐ Structural ☐ Non-StructuralProperty Description (circle) Single Family Unit Duplex Single Family Unit W/ Accessory AptConstruction (circle) Site Built Modular Mobile Home (Year _____ Size _____) # of Stories _____Foundation Type (circle) Basement Crawlspace Slab on Grade Basement Finished ☐ YES ☐ NO# of Bedrooms _____ # of Bathrooms _____ # of Fireplaces _____ Heating Source (circle) Electrical Gas

Sq. ft. Heated Space _____ + Sq. ft. Unheated Basement, Garage, etc. _____ = Total Sq. ft. _____

Sq. ft. of Carports, Decks, etc. _____ Sq. ft. of Renovation/Additions _____

Description of Work _____

ZONING PERMIT ☐ (2 copies of survey or site plan)

Attach Survey or Site plan with Property Boundaries, Label Streets, Easements, Sidewalks or Right-of-Ways, Setbacks with Distances from Proposed Buildings to Property Lines and Distances Between Buildings and Scale (Example 1 inch = 10ft and 1 inch = 50 ft)

DRIVEWAY PERMIT ☐ (1copy of survey or site plan)

Width of Driveway _____

Type of Drive Apron to be Constructed in Right-of-Way
(circle) ASPHALT CONCRETE

Attach Site Plan showing proposed driveway location. Single-family residential driveways shall be between 12' and 18' wide, exclusive of corner radii. Standard Detail 3.15 shall be used for all driveways. Concrete aprons are required on all streets with curb or sidewalk. Asphalt is permitted for single-family residential driveways where no curb exists or is proposed. Driveway may transition to other materials 10' beyond the right-of-way.

OFFICE USE

Building Value \$ _____ Zoning District _____ Change of Use? ☐ YES ☐ NO Previous Use _____

Required Setbacks: Front _____ Right _____ Left _____ Rear _____

Flood Plain ☐ _____ Overlay Zone _____ Lot Size _____ SQ FT/Acre

CONTINUE ON REVERSE SIDE

GRADING PERMIT ☐ (# of plans required, reference chart)

PLANS INCLUDE:

Sketch Plan - 1 copy less than 10,000 sq ft disturbed
 Formal Plan - 3 copies when 10,000 sq ft but less than 1 acre
 4 copies when 1 acre and over is disturbed

Amount of Land to be Disturbed SQ. FT _____ Acres _____

Person Engaged in or
Conducting the Land Name _____

Disturbing Activity Mailing Address _____

City _____ State _____ Zip _____

Section 7-12-2 N – UNIFIED DEVELOPMENT ORDINANCE – STATEMENT OF FINANCIAL RESPONSIBILITY

Erosion control plans may be disapproved unless accompanied by an authorized statement of financial responsibility and ownership. This statement shall be signed by the person financially responsible or his/her attorney. The statement shall include the mailing and street address of the principal place of business of the person financially responsible and of the owner of the land or their registered agents. If the person financially responsible is not a resident of North Carolina, a North Carolina agent must be designated in the statement for purpose of receiving notice of compliance or non-compliance with the North Carolina Sedimentation Pollution Control Act, the plan, this section, or rules adopted pursuant to this section.

THE UNDERSIGNED STATES THAT HE/SHE IS THE PERSON FINANCIALLY RESPONSIBLE FOR THE LAND DISTURBING ACTIVITY DESCRIBED IN THE ABOVE APPLICATION FOR GRADING PERMITS:

NAME _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

SIGNATURE _____ PRINT NAME _____

BY (IF ATTORNEY IN FACT) _____

Permits Requested		Contractor Business Name	State License #	Cost of Work	Permit Fees
<input type="checkbox"/>	Building			\$	\$
<input type="checkbox"/>	Electrical			\$	\$
<input type="checkbox"/>	Mechanical			\$	\$
<input type="checkbox"/>	Plumbing			\$	\$
<input type="checkbox"/>	Gas Piping			\$	\$
<input type="checkbox"/>	Other			\$	\$
			Total Project Cost	\$	\$
				Recovery Fund	\$
				Zoning	\$
				Grading	\$
				Driveway	\$
				Total Fee	\$

Owner/Agent Signature

Address

City/State/Zip

Print Name

Phone or Cell

Fax#

E-Mail

(Circle) Contractor Agent of Contractor Owner Agent of Owner Architect Engineer Other

If Questions Arise During This Review, Whom Should We Contact:

Print Name

Phone or Cell

Fax#

E-Mail

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations.

The Development Services Center will be notified of any changes in the approved plans and specifications for the project permitted herein.

Signature of General Contractor or Authorized Agent

Address

City/State/Zip

Print Name

Phone or Cell

Fax#

E-Mail